

Patient			DOB		
Home Phone			Cell Phone		
Address					
City			State		Zip
Allergies			Diag.		

Insurance Info		
Carrier:		
Bin#		PCN#
Group #		
Workers Comp	Yes	No
DOI		Claim #

General Pain / Inflammation

- ☐ **GPI-2**
- Tramadol 5%
 - Flurbiprofen 20%
 - Cyclobenzaprine 2%
 - Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mL Refills: _____)

Back & Radicular Pain

- ☐ **BRP-3**

 - Ketamine 10%
 - Clonidine 0.2%
 - Gabapentin 6%
 - Flurbiprofen 10%
 - Lidocaine 2%

☐ **BRP-4**

 - Gabapentin 6%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mL Refills: _____)

Neuropathic & Chronic Pain

- ☐ **NCP-5**

 - Ketamine 10%
 - Baclofen 2%
 - Gabapentin 6%
 - Imipramine 3%
 - Nifedipine 2%
 - Lidocaine 2.5%

☐ **NCP-8**

 - Ketamine 10%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Flurbiprofen 10%
 - Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mL Refills: _____)

- ☐ **NCP-7**

 - Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2.5%

☐ **NCP-9**

 - Ketamine 10%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2%
 - Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mL Refills: _____)

Specialty

- ☐ **SCAR**

 - Fluticasone Propionate 1%
 - Levocetirizine Dihydrochloride 2%
 - Pentoxifylline 0.5%

☐ **For painful scars add:**

 - Prilocaine 3%
 - Gabapentin 15%

☐ **DERM-5: CONTACT DERMATITIS**

 - Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%

☐ **Contact Dermatitis with pain add:**

 - Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**
- Fluticasone 1%
 - Fluconazole 2%
 - Pentoxifylline 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-3: ANTI FUNGAL NAIL LOTION**
- Fluticasone 1%
 - Fluconazole 2%
 - Urea 15%

- ☐ **DERM-6: PSORIASIS**
- Fluticasone 1%
 - Methylcobalamin 0.042%
 - Coenzyme Q10 2.4%
 - Vitamin D3 0.03%
 - Tretinoin 0.012%

- ☐ **DERM-7: PLANTAR FASCIITIS**
- Diclofenac 5%
 - Baclofen 2%
 - Fluticasone 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
 (SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mL Refills: _____)

Metabolic Supplements

- ☐ **MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS**
- Co-Q10 75mg
 - Alpha Lipoic Acid 50mg
 - N Acetyl Cystine 250mg
 - Vit D3 1000 IU

- ☐ **MS-2: TOTAL WELLNESS METABOLIC SUPPLEMENT**
- Methylcobalamin 40mg
 - Pyridoxal-5-Phosphate 100mg
 - 5-MTHF 8mg

(SIG: Take 1 capsule by mouth twice daily; Dispense #: 60 OR Alternative SIG: _____)
 Refills: _____

Alternative SIG: _____

Prescriber Name: _____ **NPI #** _____

Lic. #: _____ **DEA #:** _____

Address: _____

Phone #: _____ **Fax #:** _____

Signature (Note: Manual Signature Required for CS) _____ **Date:** _____

Note: Ketamine is Schedule III controlled substance.

Patient		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies		Diag.	

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

Back & Radicular Pain

☐ BRP-33

- Clonidine 0.20%
- Gabapentin 6%
- Flurbiprofen 10%
- Bupivacaine HCL 5%
- Magnesium Chloride 10%
- Dextromethorphan HBr 10%

☐ BRP-4

- Gabapentin 6%
- Clonidine 0.1%
- Diclofenac 2%
- Lidocaine 2%
- Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Neuropathic & Chronic Pain

☐ NCP-55

- Baclofen 2%
- Gabapentin 6%
- Imipramine 3%
- Nifedipine 2%
- Bupivacaine HCL 5%
- Magnesium Chloride 15%
- Dextromethorphan HBr 5%
- Flurbiprofen 10%

☐ NCP-88

- Baclofen 2%
- Cyclobenzaprine 2%
- Flurbiprofen 15%
- Gabapentin 6%
- Magnesium Chloride 15%
- Dextromethorphan HBr 5%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

☐ NCP-7

- Flurbiprofen 20%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2.5%

☐ NCP-99

- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Bupivacaine HCL 5%
- Diclofenac 5%
- Magnesium Chloride 15%
- Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

General Pain / Inflammation

☐ GPI-2

- Tramadol 5%
- Flurbiprofen 20%
- Cyclobenzaprine 2%
- Baclofen 2%

☐ OTHER FORMULATION

(Dispensing Quantity: 300mLs OR Other Quantity: _____)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Specialty

☐ SCAR

- Fluticasone Propionate 1%
- Levocetirizine Dihydrochloride 2%
- Pentoxifylline 0.5%
- ☐ For painful scars add:
- Prilocaine 3%
- Gabapentin 15%

☐ DERM-5: CONTACT DERMATITIS

- Fluticasone 1%
- Methylcobalamin 0.07%
- Coenzyme Q10 4%
- ☐ Contact Dermatitis with pain add:
- Lidocaine 2%
- Hydroxyzine 2%

☐ DERM-2: TOPICAL ANTI FUNGAL CREAM

- Fluticasone 1%
- Fluconazole 2%
- Pentoxifylline 0.5%
- Lidocaine 2%
- Hydroxyzine 2%

☐ DERM-6: PSORIASIS

- Fluticasone 1%
- Methylcobalamin 0.07%
- Coenzyme Q10 4%
- Vitamin D3 0.05%
- Tretinoin 0.02%

☐ DERM-3: ANTI FUNGAL NAIL LOTION

- Fluticasone 1%
- Fluconazole 2%
- Urea 15%

☐ DERM-7: PLANTAR FASCIITIS

- Diclofenac 5%
- Baclofen 2%
- Fluticasone 1%
- Lidocaine 2%
- Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Metabolic Supplements

☐ MS-2: GENERAL WELLNESS

- MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg (SIG: Take 1 capsule by mouth twice daily; Dispense: 60 OR Alternative SIG: _____)
- MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)

☐ MS-3: GENERAL WELLNESS

- MS-31: Resveratrol Powder 100mg, Piperine 20mg (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)
- MS-32: Hydrocobalamine 20mg, Coenzyme Q10 100mg, Alpha Lipid Acid 250mg, Vit D3 1,000IU (SIG: Take 2 capsules by mouth once daily; Dispense: 60 OR Alternative SIG: _____)

Additional Comments: _____

Prescriber Name: _____ NPI # _____

Lic. #: _____ DEA:# _____

Address: _____

Phone #: _____ Fax #: _____

Signature (Note: Manual Signature Required for CS) _____ Date: _____

Patient		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

Back & Radicular Pain

- ☐ **BRP-33**
- Clonidine 0.20%
 - Gabapentin 6%
 - Flurbiprofen 10%
 - Bupivacaine HCL 5%
 - Magnesium Chloride 10%
 - Dextromethorphan HBr 10%

- ☐ **BRP-4**
- Gabapentin 6%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR
Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times
daily; 1 pump = 1.5 mLs **Refills:** _____)

Hair Restoration

- ☐ **Scalp Care -
4 hair solution**
- Fluticasone 1.0%
 - Finasteride .2%
 - Minoxidil 10%
 - Tretinoin .01%

(Dispensing Quantity: 60ml OR 120ml OR
Other Quantity: _____)
(SIG: Apply up to 2mLs to scalp 2 times a day
Refills: _____)

Other Formulation

☐

Neuropathic & Chronic Pain

- ☐ **NCP-55**
- Baclofen 2%
 - Gabapentin 6%
 - Imipramine 3%
 - Nifedipine 2%
 - Bupivacaine HCL 5%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 5%
 - Flurbiprofen 10%

- ☐ **NCP-7**
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2.5%

- ☐ **NCP-99**
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Bupivacaine HCL 5%
 - Diclofenac 5%
 - Magnesium Chloride 15%
 - Dextromethorphan HBr 10%

(Dispensing Quantity: 300mLs OR
Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times
daily; 1 pump = 1.5 mLs **Refills:** _____)

General Pain/ Inflammation

- ☐ **GPI-2**
- Tramadol 5%
 - Flurbiprofen 20%
 - Cyclobenzaprine 2%
 - Baclofen 2%

(Dispensing Quantity: 300mLs OR
Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times
daily; 1 pump = 1.5 mLs **Refills:** _____)

Specialty

- ☐ **SCAR**
- Fluticasone Propionate 1%
 - Levocetirizine Dihydrochloride 2%
 - Pentoxifylline 0.5%
- ☐ **For painful scars, add:**
- Prilocaine 3%
 - Gabapentin 15%

- ☐ **DERM-2: TOPICAL
ANTI-FUNGAL CREAM**
- Fluticasone 1%
 - Fluconazole 2%
 - Pentoxifylline 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-3: ANTI-FUNGAL
NAIL LOTION**
- Fluticasone 1%
 - Fluconazole 2%
 - Urea 15%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs **Refills:** _____)

- ☐ **DERM-5: CONTACT
DERMATITIS**
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
- ☐ **Contact Dermatitis with pain, add:**
- Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-6: PSORIASIS**
- Fluticasone 1%
 - Methylcobalamin 0.07%
 - Coenzyme Q10 4%
 - Vitamin D3 0.05%
 - Tretinoin 0.02%

- ☐ **DERM-7: PLANTAR
FASCIITIS**
- Diclofenac 5%
 - Baclofen 2%
 - Fluticasone 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

Metabolic Supplements

- ☐ **MS-2: GENERAL WELLNESS**
- MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg
(SIG: Take 1 capsule by mouth twice daily; Dispense 60 **Refills:** _____)
 - MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU
(SIG: Take 2 capsules by mouth once daily; Dispense 60 **Refills:** _____)

- ☐ **MS-3: GENERAL WELLNESS**
- MS-31: Resveratrol Powder 100mg, Piperine 20mg
(SIG: Take 2 capsules by mouth once daily; Dispense 60 **Refills:** _____)
 - MS-32: Hydroxycobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoid Acid 250mg, Vit D3 1,000IU
(SIG: Take 2 capsules by mouth once daily; Dispense 60 **Refills:** _____)

Prescriber Name: _____ **NPI #** _____

Lic. #: _____ **DEA#** _____

Address: _____

Phone #: _____ **Fax#:** _____

Signature (Note: Manual Signature Required for CS) _____ **Date:** _____

Patient		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN ☐ Cream AND Patch

☐ **NCP-5: Neuropathic & Chronic Pain^{P1}**
 Baclofen 2%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%, Lidocaine 2.5%
 Add: _____

☐ **NCP-7: Neuropathic & Chronic Pain^{P1}**
 Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%
 Add: _____

☐ **NCP-9: Neuropathic & Chronic Pain^{P1}**
 Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2%, Diclofenac 3%
 Add: _____

☐ **ALEVEER PAIN PATCH^{P2}**
 Menthol 5%, Capsaicin 0.0375%
 Dispensing Quantity: ☐ 30 count OR ☐ 60 count OR _____
 SIG: Apply 1 patch to affected area 1-2 times daily as needed. If applicable, alternate cream with patch as directed by your physician.
 Refills: _____

☐ **BRP-3: Back & Radicular Pain^{P1}**
 Clonidine 0.2%, Gabapentin 6%, Flurbiprofen 10%, Lidocaine 2%
 Add: _____

☐ **GPI-2: General Pain / Inflammation^{P1}**
 Flurbiprofen 20%, Cyclobenzaprine 2%, Baclofen 2%
 Add: _____

Dispensing Quantity: 300mLs OR Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____

SCAR / DERMATOLOGICAL

☐ **SCAR^{S1}**
 Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%, Gabapentin 15%

☐ **DERM-5: CONTACT DERMATITIS / ECZEMA**
 Fluticasone 1%, Methylcobalamin 0.07%, Coenzyme Q10 4%
☐ **Contact Dermatitis with pain, add:**
 Lidocaine 2%, Hydroxyzine 2%

☐ **DERM-7: PLANTAR FASCIITIS^{PF1}**
 Diclofenac 5%, Baclofen 2%, Fluticasone 1%, Lidocaine 2%, Verapamil Hydrochloride 10%

☐ **STRETCH MARKS / ELASTICITY**
 Fluticasone 1%, Levocetirizine 2%, Pentoxifylline 0.5%, Hyaluronidase 0.2%, Vitamin D3 .05%, Vitamin C 5%, Estradiol 0.1%

☐ **TX ACNE #3B (Topical)**
 Erythromycin 2%, Niacinamide 5%, Clindamycin 1%, Urea 20%, Benzoyl Peroxide 2.5%, Fluticasone 1%, Argemone 300ppm, Melaleuca Alternifolia 3%
 Dispensing Quantity: 180gms
 SIG: Apply 1-2 pumps (1 Pump - 1.5 Grams) 3-4 times a day as instructed.
 Refills: _____

Dispensing Quantity: 300mLs OR Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____

SPECIALTY

☐ **MGL-1B: MIGRAINE^{M1}**
 Topiramate 5%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Flurbiprofen 10%, Apomorphine 0.2%
 Dispensing Quantity: 300mLs OR Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs
 Refills: _____

☐ **SCALP CARE - 4 HAIR SOLUTION**
 Fluticasone 1.0%, Finasteride .2%, Minoxidil 10%, Tretinoin .01%
 Dispensing Quantity: 120ml OR Other Quantity: _____
 SIG: Apply up to 2mLs to scalp 2 times a day
 Refills: _____

METABOLIC SUPPLEMENTS / GENERAL WELLNESS

☐ **MS-2**

MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg
 Dispensing quantity: 60
 SIG: Take 1 capsule by mouth twice daily
 Refills: _____

MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU
 Dispensing quantity: 60
 SIG: Take 2 capsules by mouth once daily
 Refills: _____

☐ **MS-3**

MS-31: Resveratrol Powder 100mg, Piperine 20mg
 Dispensing quantity: 60
 SIG: Take 2 capsules by mouth once daily
 Refills: _____

MS-32: Hydroxycobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, Vit D3 1,000IU
 Dispensing quantity: 60
 SIG: Take 2 capsules by mouth once daily
 Refills: _____

ALTERNATE FORMULATION LEGEND:

P1 First Substitute: Active Ketoprofen 5% KIT, Active Cyclobenzaprine 5% KIT, Active Gabapentin 4% KIT & Active Tramadol 8% KIT (Pharmacy is authorized to admit all the prescribed kits together before dispensing to the patient).

P1 Second Substitute: ALT-1B (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaline 1.5%, Topiramate 2%, Amantadine 4%) or ALT-1B (EMLA) Gabapentin 8%, Meloxicam 0.375%, Lidocaine/Prilocaline 2.5% Cream, Topiramate 2%, Amantadine 4% or Voltaren Gel (whichever is covered by the patient insurance)

P1 Third Substitute: GPI-1SPEC (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

P1 Fourth Substitute: Alevever Pain Patch: Menthol 5%, Capsaicin 0.0375%

P2 First Substitute: MT Cream: Meloxicam 0.3%, Tizanidine 0.2%

P2 Second Substitute: TL Cream: Methyl Salicylate 20%, Capsaicin 0.02%, Menthol 8%, Lidocaine 5%

P2 Third Substitute: ILCM Cream: Ibuprofen 10%, Lidocaine 5%, Carbamazepine 2%, Methocarbamol 2%

S1 With Pain Substitute: Betamethazone Acetate 0.05%, Levocetirizine 1%, Pentoxifylline 1%

S1 Without Pain Substitute: Triamcinolone 0.01%, Levocetirizine 1%, Pentoxifylline 1%, Lidocaine 5%

M1 Substitute: ALT MGL-1B: Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Apomorphine 0.1%, Indomethacin 5%, Amitriptyline 2%

PF1 Substitute: ALT DERM-7: Ibuprofen 5%, Triamcinolone 0.1%, Verapamil 5%, Lidocaine 2%, Baclofen 2%

MS-21/MS-22/MS-31/MS-32 Substitution: MS-1: Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU

☐ **Other** _____

Prescriber Name: _____ **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____

Address: _____

I authorize the pharmacy to dispense the first preference formulation indicated above unless the first preference formulation is not covered by the patient's insurance or the cost of the prescription is beyond what the patient can afford. In either of those instances, substitute with the formulations listed in the Alternate Formulation Legend in this order. By my signature below I authorize the pharmacy to substitute formulations according to this Alternate Formulation Legend. In addition, in the event the originally-ordered quantity of the prescribed medication is not covered by the patient's insurance due to such quantity exceeding patient's insurance plan limitations, Pharmacist may change such originally-prescribed quantity to an adequate lesser quantity as approved by the patient's insurance.

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

Patient		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be hand-written.

☐ **NCP-5: Neuropathic & Chronic Pain**

Baclofen 2%
 Gabapentin 6%
 Imipramine 3%
 Nifedipine 2%
 Lidocaine 2.5%
 Add: _____

☐ **NCP-7: Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%
 Add: _____

☐ **NCP-9: Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%
 Add: _____

☐ **BRP-3: Back & Radicular Pain**

Clonidine 0.2%
 Gabapentin 6%
 Flurbiprofen 10%
 Lidocaine 2%
 Add: _____

☐ **GPI-2: General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%
 Add: _____

Dispensing Quantity: 300mLs OR Other Quantity: _____ SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____

PAIN-PATCH☐ **RENOVO PAIN PATCH**

Menthol 5%
 Capsaicin 0.0375%

Dispensing Quantity: ☐ 30 count OR ☐ 60 count OR ☐ _____

SIG: Apply 1 patch to affected area 1-2 times daily as needed. If applicable, alternate cream with patch as directed by your physician.

Refills: _____

SCAR☐ **SCAR**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**

Prilocaline 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronidase 0.2%
 Vitamin D3 0.5%
 Vitamin C 5%
 Estradiol 0.1%

Dispensing Quantity: 300mLs OR
 Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times
 daily; 1 pump = 1.5 mLs Refills: _____

DERMATOLOGICAL☐ **DERM-5: CONTACT DERMATITIS / ECZEMA**

Fluticasone 1%
 Methylcobalamin 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

Dispensing Quantity: 300mLs OR Other Quantity: _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs
 Refills: _____

☐ **DERM-7: PLANTAR FASCIITIS**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil 10%
 Hydrochloride 10%
 Add: _____

ACNE☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Argemone 300ppm
 Melaleuca 3%
 Alternifolia 3%

Dispensing Quantity: 180gms
 SIG: Apply 1-2 pumps (1 Pump = 1.5 Grams) 3-4 times a day as instructed.

Refills: _____

SPECIALTY☐ **MGL-1B: MIGRAINE**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

Dispensing Quantity: 300mLs
 OR Other Quantity: _____
 SIG: Apply 1-2 pumps to affected
 area 3-4 times daily; 1 pump =
 1.5 mLs

Refills: _____

☐ **SCALP CARE - 4 HAIR SOLUTION**

Fluticasone 1.0%
 Finasteride 2%
 Minoxidil 10%
 Tretinoin01%

Dispensing Quantity: 120ml
 OR Other Quantity: _____
 SIG: Apply up to 2mLs to scalp
 2 times a day

Refills: _____

METABOLIC SUPPLEMENTS / GENERAL WELLNESS☐ **MS-2****MS-21:**

Methylcobalamin .. 20mg
 Pyridoxal-5-
 Phosphate 70mg
 5-MTHF 10mg

Dispensing quantity: 60

SIG: Take 1 capsule by mouth twice daily

Refills: _____

MS-22:

Coenzyme Q10 100mg
 Alpha Lipoic Acid 250mg
 N-Acetylcysteine 250mg
 Vit D3 1,000IU

Dispensing quantity: 60

SIG: Take 2 capsules by mouth once daily

Refills: _____

☐ **MS-3****MS-31:**

Resveratrol 100mg
 Powder 100mg
 Piperine 20mg

Dispensing quantity: 60

SIG: Take 2 capsules by mouth once daily

Refills: _____

MS-32:

Hydroxycobalamin 20mg
 Coenzyme Q10 100mg
 Alpha Lipoic Acid 250mg
 Vit D3 1,000IU

Refills: _____

ALTERNATE FORMULATION LEGEND:

Pain-Transdermal First Substitute: Active Ketoprofen 5% KIT, Active Cyclobenzaprine 5% KIT, Active Gabapentin 4% KIT (Pharmacy is authorized to administer all the prescribed kits together before dispensing to the patient.)
Pain-Transdermal Second Substitute: ALT-18 (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaline 1.5%, Topiramate 2%, Amantadine 4% or ALT-18 (EMLA) Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Topiramate 2%, Amantadine 4% or ALT-18 (EMLA) Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Topiramate 2%, Amantadine 4% or Voltaren Gel (whichever is covered by the patient insurance)
Pain-Transdermal Third Substitute: GPI-1SPEC: Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%
Pain-Transdermal Fourth Substitute: Renovo Pain Patch: Menthol 5%, Capsaicin 0.0375%
Renovo Patch First Substitute: Active Ketoprofen 5% KIT, Active Cyclobenzaprine 5% KIT, Active Gabapentin 4% KIT (Pharmacy is authorized to administer all the prescribed kits together before dispensing to the patient.)
Renovo Patch Second Substitute: ALT-18 (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaline 1.5%, Topiramate 2%, Amantadine 4% or ALT-18 (EMLA) Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Topiramate 2%, Amantadine 4% or Voltaren Gel (whichever is covered by the patient insurance)
Renovo Patch Third Substitute: GPI-1SPEC: Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%
Scar Substitute: Scar-Spec: Betamethasone Acetate 0.05%, Levocetirizine 1%, Pentoxifylline 1%
Migraine Substitute: ALT MGL-18: Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Apomorphine 0.1%, Indomethacin 5%, Amitriptyline 2%
Plantar Fasciitis Substitute: ALT DERM-7: Ibuprofen 5%, Triamcinolone 0.1%, Verapamil 5%, Lidocaine 2%, Baclofen 2%
MS-21/MS-22/MS-31/MS-32 Substitution: MS-1: Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU

☐ **Other**

Prescriber Name: _____ NPI #: _____

Lic. #: _____ DEA#: _____ Phone #: _____ Fax#: _____

Address: _____

I authorize the pharmacy to dispense the first preference formulation indicated above unless the first preference formulation is not covered by the patient's insurance or the cost of the prescription is beyond what the patient can afford. In either of those instances, substitute with the formulations listed in the Alternate Formulation Legend in this order. By my signature below I authorize the pharmacy to substitute formulations according to this Alternate Formulation Legend. In addition, in the event the originally-ordered quantity of the prescribed medication is not covered by the patient's insurance due to such quantity exceeding patient's insurance plan limitations, Pharmacist may change such originally-prescribed quantity to an adequate lesser quantity as approved by the patient's insurance.

Signature (Note: Manual Signature Required for CS): _____ Date: _____

Patient		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **NCP-9: Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **GPI-2: General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

STRETCH MARK☐ **Stretch Marks / Elasticity**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D305%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

DERMATOLOGICAL/ACNE☐ **DERM-2: Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

Qty: 120 gm

Refills: _____

☐ **DERM-7: Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil 10%
 Hydrochloride 10%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Retinoin01%

☐ **For women: (No Finasteride)**

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml ☐

Refills: _____

METABOLIC SUPPLEMENTS☐ **Super-SB: General Wellness**

SB-1:
 5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mcg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** _____

SB-2:
 Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules

Refills: _____

INSOMNIA☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: ☐ 30 capsules

Refills: _____

BONE HEALTH☐ **KP-71: Bone Health**

KP-71: Vitamin D3 20 mg
 Magnesium Oxide 400 mg
 Zinc Gluconate 69.6 mg
 Boron 1 mg
 Copper Gluconate 7.14 mg
 Betaine 25 mg
 Coenzyme Q10 100 mg
 5-MTHF 5 mg

SIG: Take 1 capsule by mouth once daily or as directed

Qty: 30 capsules **Refills:** _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules

Refills: _____

☐ **Other**

Prescriber Name: _____ **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

Patient		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **GPI-2:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **Reme-D**

Topiramate 2.5%
 Celecoxib 2%
 Gabapentin 5%
 Lidocaine 2%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 2-3 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

SCAR/STRETCH MARKS☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **Stretch Marks / Elasticity**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

DERMATOLOGICAL☐ **DERM-2:****Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**

Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm

Qty: 120 gm

Refills: _____

☐ **DERM-7: Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add:

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Qty: ☐ 300 gm ☐

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin 0.01%

☐ **For women: (No Finasteride)**

SIG: Apply up to 2 mls to scalp 2 times a day

Qty: ☐ 120 ml ☐

Refills: _____

GENERAL WELLNESS☐ **Super-SB: General Wellness**

SB-1: 5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** _____

SB-2: Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate ... 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily

Qty: 60 capsules **Refills:** _____

METABOLIC SUPPLEMENTS**INSOMNIA**☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime

Qty: ☐ 30 capsules **Refills:** _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules **Refills:** _____

BONE HEALTH☐ **BH: Bone Health**

BH-1: Vitamin D3 5,000 IU
 Magnesium Oxide 200 mg
 Zinc Gluconate 6.96 mg
 Copper Gluconate 0.714 mg
 Boron 1 mg
 Betaine Anhydrous 25 mg
 Pyridoxal-5-Phosphate 70 mg
 Boswellia Serrata 200 mg

SIG: Take 1 capsule by mouth once daily

Qty: 30 capsules **Refills:** _____

BH-2: Resveratrol 20 mg
 Calcium Gluconate 500 mg
 Coenzyme Q10 100 mg
 5-Methyltetrahydrofolate 500 mcg

SIG: Take 1 capsule by mouth once daily

Qty: 30 capsules **Refills:** _____

☐ **Other**

Prescriber Name: _____ **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

Patient	DOB	Last 4 digits of SSN	
Home Phone	Cell Phone		
Address			
City	State	Zip	
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ NCP-7B: Neuropathic & Chronic Pain

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ NCP-9: Neuropathic & Chronic Pain

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ GPI-2: General Pain / Inflammation

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ Reme-D:

Topiramate 2.5%
 Celecoxib 2%
 Gabapentin 5%
 Lidocaine 2%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

SCAR/STRETCH MARKS

☐ Scar

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**
 Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ Stretch Marks / Elasticity

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
 Hyaluronidase 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

DERMATOLOGICAL

☐ DERM-2: Topical Anti Fungal Cream

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ DERM-5: Contact Dermatitis / Eczema

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**
 Lidocaine 2%
 Hydroxyzine 2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ TX ACNE #3B (Topical)

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

SIG: Apply 1-2 pumps 3-4 times a day as instructed; 1 pump = 1.5 gm
Qty: 120 gm
Refills: 3 6 12 _____

☐ DERM-7: Plantar Fasciitis

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

SPECIALTY

☐ MGL-1A: Migraine

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ SCALP CARE - 3 Hair Solution

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin 0.01%

☐ **For women:** (No Finasteride)
SIG: Apply up to 2 mls to scalp 2 times a day
Qty: ☐ 120 ml ☐ _____
Refills: 3 6 12 _____

GENERAL WELLNESS

☐ Super-SB: General Wellness

SB-1: 5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** 3 6 12 _____

SB-2: Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules
Refills: 3 6 12 _____

METABOLIC SUPPLEMENTS

INSOMNIA

☐ KP-1: Insomnia

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime
Qty: ☐ 30 capsules
Refills: 3 6 12 _____

DIET SUPPLEMENT

☐ ADP-6

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed
Qty: 30 capsules
Refills: 3 6 12 _____

BONE HEALTH

☐ BH: Bone Health

BH-1: Vitamin D3 5,000 IU
 Magnesium Oxide 200 mg
 Zinc Gluconate 69.6 mg
 Copper Gluconate 7.14 mg
 Boron 1 mg
 Betaine Anhydrous 25 mg
 Pyridoxal-5-Phosphate 70 mg
 Boswellia Serrata 200 mg

SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** 3 6 12 _____

BH-2: Resveratrol 20 mg
 Calcium Gluconate 500 mg
 Coenzyme Q10 100 mg
 5-Methyltetrahydrofolate 500 mcg

SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** 3 6 12 _____

☐ Other _____

Prescriber Name: _____ **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

PATIENT		DOB		LAST 4 DIGITS OF SSN	
Home Phone		Cell Phone			
Address					
City		State	Zip		
Allergies					
Diag.					

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL Any added controlled substances must be handwritten.

PAIN-TOPICAL
☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **NCP-9: Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **GPI-2: General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **Reme-D**

Topiramate 2.5%
 Celecoxib 2%
 Gabapentin 5%
 Lidocaine 2%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **Renovo Pain Patch**

Menthol 5%
 Capsaicin 0.0375%

SIG: Apply 1 patch to affected area 1-2 times daily as needed.
Qty: ☐ 30 count
☐ 60 count
☐ _____
Refills: 3 6 12 _____

☐ **Camphomex Topical Spray**

Menthol 10%
 Camphor 4%
 Histamine 0.025%

SIG: Apply 1-2 sprays, 3-4 times per day PRN pain
Qty: 240 gm
Refills: 3 6 12 _____

DERMATOLOGICAL
☐ **DERM-2: Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **DERM-7: Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil Hydrochloride 10%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

SCAR
☐ **Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm 0.1%
 Dermacin Rx Skin Repair Complex (Dimethicone) .. 5%
 Silicone Tape

SIG: Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.
Qty: 1 pack
Refills: 3 6 12 _____

☐ **Scar (transdermal)**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

For painful scars, add:
 Prilocaine 3%
 Gabapentin 15%
For elasticity, add:
 Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

SPECIALTY
☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin 0.01%

For women: (No Finasteride)
SIG: Apply up to 2 mls to scalp 2 times a day
Qty: ☐ 120 ml ☐ _____
Refills: 3 6 12 _____

GENERAL WELLNESS
☐ **Super-SB: General Wellness**

SB-1: 5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** 3 6 12 _____

SB-2: Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU
SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules
Refills: 3 6 12 _____

METABOLIC SUPPLEMENTS
INSOMNIA
☐ **KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg

SIG: Take 1 capsule by mouth once daily at bedtime
Qty: 30 capsules
Refills: 3 6 12 _____

DIET SUPPLEMENT
☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed
Qty: 30 capsules
Refills: 3 6 12 _____

BONE HEALTH
☐ **BH: Bone Health**

BH-1: Vitamin D3 5,000 IU
 Magnesium Oxide 200 mg
 Zinc Gluconate 69.6 mg
 Copper Gluconate 7.14 mg
 Boron 1 mg
 Betaine Anhydrous 25 mg
 Pyridoxal-5-Phosphate 70 mg
 Boswellia Serrata 200 mg

SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** 3 6 12 _____
BH-2: Resveratrol 20 mg
 Calcium Gluconate 500 mg
 Coenzyme Q10 100 mg
 5-Methyltetrahydrofolate 500 mcg
SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** 3 6 12 _____

☐ **Other** _____

Prescriber Name: _____

NPI #: _____

Lic. #: _____

DEA#: _____

Phone #: _____

Fax#: _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____

Date: _____

PATIENT		DOB	LAST 4 DIGITS OF SSN
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **Reme-D-HP**

Topiramate 2.5%
 Celecoxib 2%
 Lidocaine 3%
 Duloxetine 1.2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **Renovo Pain Patch**

Menthol 5%
 Capsaicin 0.0375%
SIG: Apply 1 patch to affected area 1-2 times daily as needed.
Qty: ☐ 30 count ☐ 60 count ☐ _____
Refills: 3 6 12 _____

☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%
☐ **Add:** _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **GPI-2B: General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%
☐ **Add:** _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%
☐ **For elasticity, add:**
 Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%
SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **SDS Pak/SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm 0.1%
 Skin Repair Complex (Dimethicone) 5%
 Silicone Tape
SIG: Apply both creams up to 4 times daily. Apply silicone tape at bedtime and remove in the morning.
Qty: 1 pack
Refills: 3 6 12 _____
☐ **For painful scars, add:**
 Lidocaine USP Ointment 5%
SIG: Apply to affected area 4 times daily as directed.
Qty: 100 gm
Refills: 3 6 12 _____

COMBINATION-PAIN☐ **Topical Pain Combo**

Lidocaine USP Ointment 5%
SIG: Apply to affected area 4 times daily as directed.
Qty: 250 gm
Refills: 3 6 12 _____
 Diclofenac Sodium Topical Solution 1.5%
SIG: Apply 2-3 ml to affected area 3-4 times daily.
Qty: 150 ml
Refills: 3 6 12 _____

☐ **Patch and Ointment Pain Combo**

Renovo Pain Patch:
 Menthol 5%
 Capsaicin 0.0375%
SIG: Apply 1 patch to affected area 1-2 times daily as needed.
Qty: ☐ 30 count ☐ 60 count ☐ _____
Refills: 3 6 11 _____
 Lidocaine USP Ointment 5%
SIG: Apply to affected area 2-4 times daily as directed.
Qty: 150 gm
Refills: 3 6 12 _____

MIGRAINE☐ **Vanatol LQ (migraine syrup)**

Butalbital 50 mg
 Acetaminophen 325 mg
 Caffeine 40 mg
Per 15 ml
SIG: 1-2 tablespoons (15 ml-30 ml) by mouth every 4 hours. Max 6 tablespoons per 24 hours.
 1 tablespoon = 15 ml
Qty: ☐ 32 oz ☐ 48 oz ☐ _____
Refills: 3 6 12 _____

OTHER☐**WOUND CARE**☐ **Dermacin Rx Surgical PharmaPak**

Chlorhexidine Gluconate Wash 4% 237 ml
 Mupirocin 2% 22 gm
 Skin Repair Complex (Dimethicone) 5% 118 ml
 Silicone tape

FOLLOW PACKAGE INSTRUCTIONS

SIG: Step 1: Wash with Chlorhexidine liquid the night prior to, and the morning of the procedure as directed.

Step 2: Apply Mupirocin ointment to the wound site post-op three times daily for 3-5 days or as directed.

Step 3: Once wound has healed, apply Skin Repair Complex up to 4 times daily or as directed. Apply Silicone tape at night before bed and remove in morning.

Qty: 1 pack
Refills: 3 6 12 _____

METABOLIC SUPPLEMENTS☐ **Super-SB: General Wellness**

SB-1:
 5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg
SIG: Take 1 capsule by mouth twice daily.
Qty: 60 capsules
Refills: 3 6 12 _____

SB-2:
 Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate ... 25 mg
 Beta Carotene 2,500 IU
SIG: Take 1 capsule by mouth twice daily.
Qty: 60 capsules
Refills: 3 6 12 _____

☐ **BH: Bone Health**

BH-1:
 Vitamin D3 5,000 IU
 Magnesium Oxide 200 mg
 Zinc Gluconate 69.6 mg
 Copper Gluconate 7.14 mg
 Boron 1 mg
 Betaine Anhydrous 25 mg
 Pyridoxal-5-Phosphate ... 70 mg
 Boswellia Serrata 200 mg
SIG: Take 1 capsule by mouth once daily.
Qty: 30 capsules
Refills: 3 6 12 _____
BH-2:
 Resveratrol 20 mg
 Calcium Gluconate 500 mg
 Coenzyme Q10 100 mg
 5-Methyltetrahydrofolate... 500 mcg
SIG: Take 1 capsule by mouth once daily.
Qty: 30 capsules
Refills: 3 6 12 _____

OP_Script_Pad_November_2015_v14

Prescriber Name: _____ **NPI #:** _____**Lic. #:** _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____**Address:** _____**Signature** (Note: Manual Signature Required for CS): _____ **Date:** _____

PATIENT		DOB	LAST 4 DIGITS OF SSN
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

☐ **Add:** _____**SIG:** Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____☐ **Reme-D-HP (MEDICARE)**

Topiramate 2.5%
 Celecoxib 2%
 Lidocaine 3%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____☐ **Pain Patch**

Menthol 5%
 Capsaicin 0.0375%

SIG: Apply 1 patch to affected area 1-2 times daily as needed.**Qty:** ☐ 30 count ☐ 60 count ☐ _____**Refills:** 3 6 12 _____☐ **Lidocaine USP Ointment:** 5%**SIG:** Apply to affected area 2-4 times daily as directed.**Qty:** 150 gm**Refills:** 3 6 12 _____☐ **Pain Patch and Lidocaine Ointment Combo****SIG:** Apply 1 patch to affected area 1-2 times daily as needed. Apply ointment to affected area 2-4 times daily as directed.**Qty:** 150 gm Lidocaine USP Ointment **and** ☐ 30 ☐ 60 ☐ _____ count patches**Refills:** 3 6 12 _____**WOUND CARE**☐ **Dermacin Rx Surgical PharmaPak**

Chlorhexidine Gluconate
 Wash 4% 237 ml
 Mupirocin 2% 22 gm
 Skin Repair Complex (Dimethicone) 5% .. 118 ml
 Silicone tape

FOLLOW PACKAGE INSTRUCTIONS**SIG:** **Step 1:** Wash with Chlorhexidine liquid the night prior to, and the morning of the procedure as directed.**Step 2:** Apply Mupirocin ointment to the wound site post-op three times daily for 3-5 days or as directed.**Step 3:** Once wound has healed, apply Skin Repair Complex up to 4 times daily or as directed. Apply Silicone tape at night before bed and remove in morning.**Qty:** 1 pack**Refills:** 3 6 12 _____**MIGRAINE**☐ **Vanatol LQ (migraine Syrup)**

Butalbital 50 mg
 Acetaminophen 325 mg
 Caffeine 40 mg

Per 15 ml**SIG:** 1-2 tablespoons (15 ml-30 ml) by mouth every 4 hours.
Max 6 tablespoons per 24 hours.
1 tablespoon = 15 ml**Qty:** ☐ 32 oz ☐ 48 oz ☐ _____**Refills:** 3 6 12 _____**OTHER**☐**SCAR**☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**

Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____**METABOLIC SUPPLEMENTS**☐ **MS-3: General Wellness Metabolic Supplements****MS-31:**

Resveratrol Powder 100 mg
 Piperine 20 mg

SIG: Take 2 capsules by mouth once daily.**Qty:** 60 capsules**Refills:** 3 6 12 _____**MS-32:**

Hydroxycobalamin 20 mg
 Coenzyme Q10 100 mg
 Alpha Lipoic Acid 250 mg
 Vitamin D3 1,000 IU

SIG: Take 2 capsules by mouth once daily.**Qty:** 60 capsules**Refills:** 3 6 12 _____

OP_Script_Pad_November_2015_v14.2

Prescriber Name: _____	NPI #: _____
Lic. #: _____	DEA#: _____
Phone #: _____	Fax#: _____
Address: _____	
Signature (Note: Manual Signature Required for CS): _____	Date: _____

PATIENT	DOB	LAST 4 DIGITS OF SSN
Home Phone	Cell Phone	
Address		
City	State	Zip
Allergies		
Diag.		

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

☐ **Add:** _____**SIG:** Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____☐ **Reme-D-HP (MEDICARE)**

Topiramate 2.5%
 Celecoxib 2%
 Lidocaine 3%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____☐ **Pain Patch**

Menthol 5%
 Capsaicin 0.0375%

SIG: Apply 1 patch to affected area 1-2 times daily as needed.**Qty:** ☐ 30 count ☐ 60 count ☐ _____**Refills:** 3 6 12 _____☐ **Lidocaine USP Ointment:** 5%**SIG:** Apply to affected area 2-4 times daily as directed.**Qty:** 150 gm**Refills:** 3 6 12 _____☐ **Diclofenac Sodium****Topical Solution** 1.5%**SIG:** Apply 2-3 ml to affected area 3-4 times daily.**Qty:** 150 ml**Refills:** 3 6 12 _____**WOUND CARE**☐ **Dermacin Rx Surgical PharmaPak**

Chlorhexidine Gluconate
 Wash 4% 237 ml
 Mupirocin 2% 22 gm
 Skin Repair Complex (Dimethicone) 5% .. 118 ml
 Silicone tape

FOLLOW PACKAGE INSTRUCTIONS**SIG:** **Step 1:** Wash with Chlorhexidine liquid the night prior to, and the morning of the procedure as directed.**Step 2:** Apply Mupirocin ointment to the wound site post-op three times daily for 3-5 days or as directed.**Step 3:** Once wound has healed, apply Skin Repair Complex up to 4 times daily or as directed. Apply Silicone tape at night before bed and remove in the morning.**Qty:** 1 pack**Refills:** 3 6 12 _____**MIGRAINE**☐ **Vanatol LQ (migraine Syrup)**

Butalbital 50 mg
 Acetaminophen 325 mg
 Caffeine 40 mg

Per 15 ml**SIG:** 1-2 tablespoons (15 ml-30 ml) by mouth every 4 hours.

Max 6 tablespoons per 24 hours.

1 tablespoon = 15 ml

Qty: ☐ 32 oz ☐ 48 oz ☐ _____**Refills:** 3 6 12 _____**OTHER**☐**SCAR**☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**

Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____**METABOLIC SUPPLEMENTS**☐ **MS-3: General Wellness Metabolic Supplements****MS-31:**

Resveratrol Powder 100 mg
 Piperine 20 mg

SIG: Take 2 capsules by mouth once daily.**Qty:** 60 capsules**Refills:** 3 6 12 _____**MS-32:**

Hydroxycobalamin 20 mg
 Coenzyme Q10 100 mg
 Alpha Lipoic Acid 250 mg
 Vitamin D3 1,000 IU

SIG: Take 2 capsules by mouth once daily.**Qty:** 60 capsules**Refills:** 3 6 12 _____

OP_Script_Pad_November_2015_v14.2

Prescriber Name: _____ NPI #: _____

Lic. #: _____ DEA#: _____ Phone #: _____ Fax#: _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

PATIENT	DOB	LAST 4 DIGITS OF SSN
Home Phone	Cell Phone	
Address		
City	State	Zip
Allergies		
Diag.		

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

☐ **Add:** _____**SIG:** Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____☐ **Reme-D-HP (MEDICARE)**

Topiramate 2.5%
 Celecoxib 2%
 Lidocaine 3%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____☐ **Pain Patch**

Menthol 5%
 Capsaicin 0.0375%

SIG: Apply 1 patch to affected area 1-2 times daily as needed.**Qty:** ☐ 30 count ☐ 60 count ☐ _____**Refills:** 3 6 12 _____☐ **Lidocaine USP Ointment:** 5%**SIG:** Apply to affected area 2-4 times daily as directed.**Qty:** 250 gm**Refills:** 3 6 12 _____☐ **Diclofenac Sodium****Topical Solution** 1.5%**SIG:** Apply 2-3 ml to affected area 3-4 times daily.**Qty:** 150 ml**Refills:** 3 6 12 _____**WOUND CARE**☐ **Dermacin Rx Surgical PharmaPak**

Chlorhexidine Gluconate
 Wash 4% 237 ml
 Mupirocin 2% 22 gm
 Skin Repair Complex (Dimethicone) 5% .. 118 ml
 Silicone tape

FOLLOW PACKAGE INSTRUCTIONS**SIG:** **Step 1:** Wash with Chlorhexidine liquid the night prior to, and the morning of the procedure as directed.**Step 2:** Apply Mupirocin ointment to the wound site post-op three times daily for 3-5 days or as directed.**Step 3:** Once wound has healed, apply Skin Repair Complex up to 4 times daily or as directed. Apply Silicone tape at night before bed and remove in the morning.**Qty:** 1 pack**Refills:** 3 6 12 _____**MIGRAINE**☐ **Vanatol LQ (migraine Syrup)**

Butalbital 50 mg
 Acetaminophen 325 mg
 Caffeine 40 mg

Per 15 ml**SIG:** 1-2 tablespoons (15 ml-30 ml) by mouth every 4 hours.

Max 6 tablespoons per 24 hours.

1 tablespoon = 15 ml

Qty: ☐ 32 oz ☐ 48 oz ☐ _____**Refills:** 3 6 12 _____**OTHER**☐**SCAR**☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**

Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm**Qty:** ☐ 300 gm ☐ _____**Refills:** 3 6 12 _____**METABOLIC SUPPLEMENTS**☐ **Super-SB: General Wellness****SB-1:**

5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily.**Qty:** 60 capsules**Refills:** 3 6 12 _____**SB-2:**

Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily.**Qty:** 60 capsules**Refills:** 3 6 12 _____

OP_Script_Pad_November_2015_v14.3

Prescriber Name: _____ **NPI #:** _____**Lic. #:** _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____**Address:** _____**Signature** (Note: Manual Signature Required for CS): _____ **Date:** _____

Insurance Info

PATIENT		DOB	LAST 4 DIGITS OF SSN
Home Phone		Cell Phone	
Address			
City	State	Zip	
Allergies			
Diag.			

Patient's Current Pharmacy	
Pharmacy Phone Number	
Carrier:	PCN#
Bin#	
Group#	
Member ID#	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **Neuropathic & Chronic Pain****NCP-3B:**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%

☐ **Add:** _____

SIG: Apply 1-2 pumps to affected area 2 times daily. 1 pump = 1.5 gm

Area of Application**Qty:** ☐ 100 gm**Lidocaine USP Ointment** 5%

SIG: Apply 2-4 FTU to affected area 4 times daily. **1 Finger Tip Unit (FTU) = 0.5gm**

Area of Application**Qty:** ☐ 250 gm**Diclofenac Sodium Topical Gel** 3%

SIG: Apply 2-4 FTU to affected area 2 times daily. **1 Finger Tip Unit (FTU) = 0.5gm**

Area of Application**Qty:** ☐ 100 gm **Refills:** 3 6 11 ____☐ **Reme-D-HP (MEDICARE)**

Topiramate 2.5%
 Celecoxib 2%
 Lidocaine 3%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm

Area of Application**Qty:** ☐ 300 gm ☐ ____**Refills:** 3 6 11 ____**PAIN ORAL**☐ **Metaxalone**

Metaxalone 800 mg

SIG: Take 1 tablet by mouth 3-4 times daily.
 Take with food.

Qty: ☐ 120 ☐ ____**Refills:** 1 3 6 11 ____**WOUND CARE**☐ **Dermacin Rx Surgical PharmaPak**

Chlorhexidine Gluconate
 Wash 4% 237 ml
 Mupirocin 2% 22 gm
 Skin Repair Complex (Dimethicone) 5% .. 118 ml
 Silicone tape

FOLLOW PACKAGE INSTRUCTIONS**Area of Application**

SIG: **Step 1:** Wash with Chlorhexidine liquid the night prior to, and the morning of the procedure as directed.

Step 2: Apply Mupirocin ointment to the wound site post-op three times daily for 3-5 days or as directed.

Step 3: Once wound has healed, apply Skin Repair Complex up to 4 times daily or as directed. Apply Silicone tape at night before bed and remove in morning.

Qty: 1 pack **Refills:** 3 6 11 ____**SCAR**☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**

Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm

Area of Application**Qty:** ☐ 300 gm ☐ ____ **Refills:** 3 6 11 ____**METABOLIC SUPPLEMENTS**☐ **Super-SB: General Wellness****SB-1:**

5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 2 capsules by mouth once daily.**Qty:** 60 capsules**Refills:** 3 6 11 ____**SB-2:**

Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 2 capsules by mouth once daily.**Qty:** 60 capsules**Refills:** 3 6 11 ____

OP_Script_Pad_May_2016_v_14.6

OTHER**Prescriber Name:** _____ **Prescriber NPI #:** _____**Lic. #:** _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____**Address:** _____**Signature (Note: Manual Signature Required for CS):** _____ **Date:** _____

Insurance Info

PATIENT		DOB	LAST 4 DIGITS OF SSN
Home Phone		Cell Phone	
Address			
City	State	Zip	
Allergies			
Diag.			

Patient's Current Pharmacy	
Pharmacy Phone Number	
Carrier:	PCN#
Bin#	
Group#	
Member ID#	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **Neuropathic & Chronic Pain****NCP-3B:**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%

☐ **Add:** _____

SIG: Apply 1-2 pumps to affected area 2 times daily. 1 pump = 1.5 gm

Area of ApplicationQty: ☐ 100 gm**Lidocaine USP Ointment** 5%

SIG: Apply 2-4 FTU to affected area 4 times daily. **1 Finger Tip Unit (FTU) = 0.5gm**

Area of ApplicationQty: ☐ 250 gm**Diclofenac Sodium Topical Gel** 3%

SIG: Apply 2-4 FTU to affected area 2 times daily. **1 Finger Tip Unit (FTU) = 0.5gm**

Area of ApplicationQty: ☐ 100 gm Refills: 3 6 11 ____☐ **Reme-D-HP (MEDICARE)**

Topiramate 2.5%
 Celecoxib 2%
 Lidocaine 3%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm

Area of ApplicationQty: ☐ 300 gm ☐ ____

Refills: 3 6 11 ____

PAIN ORAL☐ **Metaxalone**

Metaxalone 800 mg

SIG: Take 1 tablet by mouth 3-4 times daily. Take with food.

Qty: ☐ 120 ☐ ____

Refills: 1 3 6 11 ____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**

Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm

Area of ApplicationQty: ☐ 300 gm ☐ ____ Refills: 3 6 11 ____**EMERGENCY OPIOID ANTAGONIST**☐ **Evzio Auto Injector**

Naloxone HCl Injection 0.4 mg

SIG: Inject one injection to the outside of the thigh (through clothing if necessary). May use the second injection in 2-3 minutes if desired response is not achieved.

Qty: 1 pack Refills: ____

WOUND CARE☐ **Dermacin Rx Surgical PharmaPak**

Chlorhexidine Gluconate
 Wash 4% 237 ml
 Mupirocin 2% 22 gm
 Skin Repair Complex (Dimethicone) 5% .. 118 ml
 Silicone tape

FOLLOW PACKAGE INSTRUCTIONS**Area of Application**

SIG: **Step 1:** Wash with Chlorhexidine liquid the night prior to, and the morning of the procedure as directed.

Step 2: Apply Mupirocin ointment to the wound site post-op three times daily for 3-5 days or as directed.

Step 3: Once wound has healed, apply Skin Repair Complex up to 4 times daily or as directed. Apply Silicone tape at night before bed and remove in morning.

Qty: 1 pack Refills: 3 6 11 ____

OTHER☐

OP_Script_Pad_May_2016_v_14.7

Prescriber Name: _____	Prescriber NPI #: _____
Lic. #: _____	DEA#: _____
Phone #: _____	Fax#: _____
Address: _____	
Signature (Note: Manual Signature Required for CS): _____	Date: _____

PATIENT	DOB	LAST 4 DIGITS OF SSN
Home Phone	Cell Phone	
Address		
City	State	Zip
Allergies		

Insurance Info

Patient's Current Pharmacy	
Pharmacy Phone Number	
Carrier:	PCN#
Bin#	
Group#	
Member ID#	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ Neuropathic & Chronic Pain

NCP-3B:

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%

☐ Add: _____

SIG: Apply 1-2 pumps to affected area 2 times daily. 1 pump = 1.5 gm

Area of ApplicationQty: ☐ 100 gm

Lidocaine USP Ointment 5%

SIG: Apply 2-4 FTU to affected area 4 times daily. **1 Finger Tip Unit (FTU) = 0.5gm**

Area of ApplicationQty: ☐ 250 gm ☐ 200 gm ☐ 150 gm

Diclofenac Sodium Topical Gel 3%

SIG: Apply 2-4 FTU to affected area 2 times daily. **1 Finger Tip Unit (FTU) = 0.5gm**

Area of ApplicationQty: ☐ 100 gm

Refills: 3 6 11 ____

☐ Reme-D-HP (MEDICARE)

Topiramate 2.5%
 Celecoxib 2%
 Lidocaine 3%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm

Area of ApplicationQty: ☐ 300 gm ☐ 150 gm

Refills: 3 6 11 ____

☐ Reme-D-MR (MEDICARE)

Baclofen 2%
 Lidocaine 3.5%
 Piroxicam 0.6%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm

Area of ApplicationQty: ☐ 300 gm ☐ 150 gm

Refills: 3 6 11 ____

EMERGENCY OPIOID ANTAGONIST

☐ Evzio Auto Injector

Naloxone HCl Injection 0.4 mg

SIG: Inject one injection to the outside of the thigh (through clothing if necessary). May use the second injection in 2-3 minutes if desired response is not achieved.

Qty: 1 pack

Refills: 1

SCAR

☐ Scar

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ For painful scars, add:

Prilocaine 3%
 Gabapentin 15%

☐ For elasticity, add:

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm

Area of ApplicationQty: ☐ 300 gm ☐ ____ Refills: 3 6 11 ____

TENSION HEADACHE

☐ Vanatol LQ (migraine syrup)

Butalbital 50mg
 Acetaminophen 325mg
 Caffeine 40mg
Per 15mL

SIG: Take 1-2 tablespoons (15mL-30mL) by mouth every four hours. Max 6 tablespoons per 24 hours.
 1 tablespoon = 15mL

Qty: ☐ 32 fl oz ☐ 48 fl oz ☐ ____

Refills: 3 6 11 ____

XEROSTOMIA/MUCOSITIS/HYPOSALIVATION

☐ SalivaMax

Super Saturated Calcium Phosphate Rinse

SIG: Mix 1 packet with 1oz water. Swish half of solution in mouth for 1 minute and spit out. Swish remaining half and spit out. Use 3-4 times daily.

Qty: ☐ 120 ☐ ____

Refills: 3 6 11 ____

OTHER

☐

PAIN ORAL

☐ Metaxalone

Metaxalone 800 mg

SIG: Take 1 tablet by mouth 3-4 times daily. Take with food.

Qty: ☐ 60 ☐ 90 ☐ 120

Refills: 1 3 6 11 ____

Script_Pad_August_2016_v_14.9

Prescriber Name: _____	Prescriber NPI #: _____
Supervising Physician Name: _____	Supervising Physician NPI#: _____
Lic. #: _____	DEA#: _____
Phone #: _____	Fax#: _____
Address: _____	
Signature (Note: Manual Signature Required for CS): _____	Date: _____

PATIENT	DOB	LAST 4 DIGITS OF SSN
Home Phone	Cell Phone	
Address		
City	State	Zip
Allergies		

Insurance Info	
Patient's Current Pharmacy	
Pharmacy Phone Number	
Carrier:	PCN#
Bin#	
Group#	
Member ID#	

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **Neuropathic & Chronic Pain**

(By checking the above box, the patient will receive all three medications listed below)

NCP-3B:

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%

☐ **Add:**

SIG: Apply 1-2 pumps to affected area 2 times daily. 1 pump = 1.5 gm

Area of Application

Qty: ☐ 100 gm

Lidocaine USP Ointment 5%

SIG: Apply 2-4 FTU to affected area 4 times daily. 1 Finger Tip Unit (FTU) = 0.5 gm

Area of Application

Qty: ☐ 250 gm ☐ 200 gm ☐ 150 gm

Diclofenac Sodium Topical Gel 3%

SIG: Apply 2-4 FTU to affected area 2 times daily. 1 Finger Tip Unit (FTU) = 0.5 gm

Area of Application

Qty: ☐ 100 gm

Refills: 3 6 11 ____

☐ **Reme-D-MR (MEDICARE)**

Baclofen 2%
 Lidocaine 3.5%
 Piroxicam 0.6%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm

Area of Application

Qty: ☐ 300 gm ☐ 150 gm

Refills: 3 6 11 ____

☐ **Reme-D-HP (MEDICARE)**

Topiramate 2.5%
 Celecoxib 2%
 Lidocaine 3%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily. 1 pump = 1.5 gm

Area of Application

Qty: ☐ 300 gm ☐ 150 gm

Refills: 3 6 11 ____

NEUROPATHIC PAIN☐ **Doxepin Cream**

Doxepin HCL Cream 5%

SIG: Apply 2-3 FTU to affected area 4 times daily. 1 Finger Tip Unit (FTU) = 0.5 gm

Area of Application

Qty: ☐ 90 gm ☐ 135 gm ☐ 180 gm

Refills: 2 5 11 ____

PAIN ORAL☐ **Metaxalone**

Metaxalone 800 mg

SIG: Take 1 tablet by mouth 3-4 times daily. Take with food.

Qty: ☐ 60 ☐ 90 ☐ 120

Refills: 1 3 6 11 ____

GERD/GASTRIC ULCERS☐ **Zegerid**

Omeprazole 40 mg
 Sodium Bicarbonate 1100 mg

SIG: Take 1 capsule by mouth every morning without food

Qty: 30

Refills: 1 2 5 11 ____

XEROSTOMIA/MUCOSITIS/HYPOSALIVATION☐ **SalivaMax**

Super Saturated Calcium Phosphate Rinse

SIG: Mix 1 packet with 1oz water. Swish half of solution in mouth for 1 minute and spit out. Swish remaining half and spit out. Use 3-4 times daily.

Qty: ☐ 120 ☐ ____

Refills: 3 6 11 ____

OTHER**TENSION HEADACHE**☐ **Vanadol LQ (migraine syrup)**

Butalbital 50 mg
 Acetaminophen 325 mg
 Caffeine 40 mg
Per 15mL

SIG: Take 1-2 tablespoons (15 mL-30 mL) by mouth every four hours. Max 6 tablespoons per 24 hours. 1 tablespoon = 15 mL

Qty: ☐ 32 fl oz ☐ 48 fl oz ☐ ____

Refills: 3 6 11 ____

MIGRAINE☐ **Nasal Spray**

Dihydroergotamine Mesylate 4 mg/ml

SIG: 1 spray in each nostril at onset of migraine. Wait 15 minutes and repeat. Do not exceed 2 sprays per nostril in 24 hours.

Qty: Package 8 x 1 ml

Refills: 2 5 11 ____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**

Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 2-3 pumps to affected area 3-4 times daily. 1 pump = 1 gm

Area of Application

Qty: ☐ 300 gm ☐ 150 gm ☐ ____

Refills: 1 3 6 11 ____

Prescriber Name: _____ **Prescriber NPI #:** _____

Supervising Physician Name: _____ **Supervising Physician NPI#:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** _____ **Fax#:** _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____